

Drug Usage During Pregnancy

Rhode Island Department of Children, Youth and Families

Policy: 500.0125

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Substance abuse is a major problem in the United States. Assisting the children of substance abusing families has become a major aspect of the Department's role in the community. About 11 percent of the children born in the United States have had some exposure to licit and/or illicit drugs. The number of pregnant women using illegal drugs and/or excessive amounts of alcohol continues to grow despite warnings about effects on the fetus and possible long term problems for the child after birth. As examples, the use of cocaine during pregnancy may cause long term problems including malformed genital and urinary organs, a tendency to stop breathing, a higher risk of crib death, retarded growth, stiff limbs, irritability, a missing small intestine and strokes and seizures. Babies born to women who abuse alcohol may have fetal alcohol syndrome, a complex of birth defects including retarded growth and cardiac abnormalities. Other drugs may also cause birth defects when used by pregnant women. For purposes of this policy, the term drugs means a controlled or illegal substance and/or chemical (including, but not limited to, PCP, heroin, cocaine and methamphetamines.)

The Department carefully considers all calls to the Child Abuse Hotline made by prenatal clinic workers, professionals, or other concerned individuals alleging that a pregnant woman is using drugs and/or alcohol. If there are specific allegations of abuse and/or neglect of children in the home, an investigation is conducted. If there are no specific allegations and/or no children in the home, the information alleging drug and/or alcohol abuse is put into RICHIST as an Early Warning. When a woman has tested positive for drugs and/or alcohol during prenatal treatment, there is good cause to test both her and her baby for the presence of drugs immediately after the birth.

Babies born with drugs in their systems, as evidenced by a positive toxicology screen at birth or observable withdrawal symptoms, babies born to mothers who admit using drugs during pregnancy or who have been observed ingesting drugs, and babies born with fetal alcohol syndrome must be reported to the Child Abuse Hotline. A Report of Examination should be completed by the attending physician/nurse practitioner. It is important that, if the method of use is known, such information be given to DCYF as there is a greater risk of HIV infection for both mother and child when drugs are used intravenously. All such reports are investigated by DCYF.

When a call alleging drug/alcohol abuse by mother is received on the Child Abuse Hotline after a newborn is already home, an investigation will be conducted if there is a specific allegation of abuse and/or neglect of the newborn and/or other children in the home. If during the course of the investigation, credible evidence is uncovered which proves that mother used drugs and/or alcohol during pregnancy (i.e. positive prenatal drug screen(s), positive toxicology screen on mother or newborn while in the hospital or admission by mother that she used drugs during pregnancy), an allegation of drug/alcohol abuse will be added to the investigation. An indicated

allegation of drug/alcohol abuse usually warrants legal action whether the facts are substantiated prior to the newborn leaving the hospital, or after the newborn is at home.

To ensure that these babies and their families are provided with necessary intervention, drug/alcohol treatment and social services, the assigned CPI consults with his/her supervisor and DCYF Legal Counsel as to the advisability of requesting an Order of Detention, ex parte. If an Order of Detention is not requested, the CPI will file a straight petition. When the matter comes before the court, DCYF will recommend that mother (and father, if appropriate) receive drug treatment.

Legal and investigative/casework staff will, however, be allowed some discretion in determining whether or not the Department should pursue legal action and may decide not to initiate legal action if an indicated allegation of drug/alcohol abuse is based on a situation containing both of the following factors. First, the mother admits to using drugs/alcohol only during the first trimester of her pregnancy and second, there is no evidence (i.e. positive prenatal drug screen(s) during the second or third trimester, positive toxicology screen on mother or newborn, baby displaying withdrawal symptoms, or admission of drug use during second or third trimester) that mother used drugs and/or alcohol after the first trimester of pregnancy. During this Legal Consult, staff review all the facts of the case, including the type and frequency of drug usage.

Related Procedures...

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Reports that a Pregnant Woman is Using Drugs

Procedure From Policy 500.0125: Drug Usage During Pregnancy

- A. A CPS report is completed by the Call Floor worker for all reports that a pregnant woman is using drugs:
 - 1. An investigation will be initiated if there are specific allegations of abuse and/or neglect of child(ren) in the home.
 - 2. An Early Warning will be entered into RICHIST if there are no specific allegations of abuse and/or neglect and/or there are no child(ren) in the home.

Allegation that a Newborn's Mother Used Drugs During Pregnancy

Procedure From Policy 500.0125: Drug Usage During Pregnancy

- A. A CPS report is completed by the Call Floor worker for all reports alleging that a newborn's mother used drugs during pregnancy. The allegation is drug/alcohol abuse:
 - 1. The CPS report is forwarded through the Call Floor Supervisor to the Investigative Unit for assignment.
 - 2. An investigation of the report is initiated by a CPI.
 - 3. The CPI gathers all information pertinent to the case and completes the investigation:
 - a. If the investigation is indicated (i.e. positive prenatal drug screen(s), positive toxicology screen on mother or newborn while in the hospital, baby having withdrawal symptoms or admission by mother that she used drugs during pregnancy), the CPI confers with his/her supervisor as to the advisability of requesting an Order of Detention, ex parte. The CPI consults with DCYF Legal staff. If it is determined that an Order of Detention is not warranted, the Child Protective CPI files a straight petition.
 - b. If the mother admits to using drugs/alcohol only during the first trimester of her pregnancy and there is no evidence (i.e. positive prenatal drug screen(s) during the second or third trimester, positive toxicology screen on mother or newborn, baby displaying withdrawal symptoms, or admission of drug use during second or third trimester) that mother used drugs and/or alcohol after the first trimester of pregnancy, legal and investigative/casework staff will be allowed some discretion in determining if the Department should pursue legal action:
 - (1) Staff review all the facts of the case.
 - (2) The type and frequency of the drug/alcohol usage is discussed in detail.
 - (3) A decision may be made not to pursue legal action.
 - c. The case is transferred to the Intake Unit.

Alleging that the Mother of a Newborn Who is Already Home from the Hospital is Using Drugs

Procedure From Policy 500.0125: Drug Usage During Pregnancy

- A. A CPS report is completed by the Call Floor worker for all reports alleging that the mother of a newborn who is already home from the hospital is using drugs:
 1. The allegation to be used is determined by the Call Floor worker depending on the information given by the caller. If, during the course of the investigation, substantive information is learned which indicates that the mother used drugs and/or alcohol during pregnancy (i.e. positive prenatal drug screen(s), positive toxicology screen on mother or newborn while in the hospital or admission by the mother that she used drugs and/or alcohol during pregnancy), an allegation of drug/alcohol abuse is added by the CPI.
 2. The CPI gathers all information pertinent to the case and completes the investigation:
 - a. If the investigation is Indicated, the CPI confers with his/her supervisor as to the advisability of requesting an Order of Detention, ex parte.
 - b. The CPI consults with DCYF Legal staff. If it is determined that an Order of Detention is not warranted, the CPI files a straight petition.
 - c. If the mother admits to using drugs/alcohol only during the first trimester of her pregnancy and there is no evidence (i.e. positive prenatal drug screen(s) during the second or third trimester, positive toxicology screen on mother or newborn, baby displaying withdrawal symptoms, or admission of drug use during second or third trimester) that mother used drugs and/or alcohol after the first trimester of pregnancy, legal and investigative/casework staff will be allowed some discretion in determining if the Department should pursue legal action:
 - (1) Staff review all the facts of the case.
 - (2) The type and frequency of the drug/alcohol usage is discussed in detail.
 - (3) A decision may be made not to pursue legal action.
 - d. The case is transferred to the Intake Unit.
 3. If there is no specific allegation of abuse and/or neglect, the information is put into RICHIST as an Early Warning.